



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 214001-01028-1
<div style="border: 1px solid black; padding: 2px; margin-top: 5px;">In re Application of <b>G. DAVID ROODMAN ET AL.</b></div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px; display: flex; justify-content: space-between;"><div>Application Number      <b>10/650,277</b></div><div>Filed <b>08/28/2003</b></div></div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">For <b>METHOD OF RESISTING OSTEOCLAST FORMATION</b></div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px; display: flex; justify-content: space-between;"><div>Group Art Unit</div><div>Examiner</div></div>		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="margin-left: 40px;"><div><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) <span style="float: right;">\$ <u>110.00</u></span></div><div><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <span style="float: right;">\$ _____</span></div><div><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <span style="float: right;">\$ _____</span></div><div><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <span style="float: right;">\$ _____</span></div><div><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) <span style="float: right;">\$ _____</span></div></div> <div style="margin-left: 40px;"><div><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>55.00</u>.</div><div><input type="checkbox"/> A check in the amount of the fee is enclosed.</div><div><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</div><div><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</div><div><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2556</u>.</div></div> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <div style="margin-left: 40px;"><div><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</div><div><input checked="" type="checkbox"/> attorney or agent of record.</div><div><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</div></div> <p style="margin-top: 20px;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><p><u>03/24/2004</u></p><p style="text-align: center;">Date</p></div><div style="width: 45%; text-align: center;"><div style="font-family: cursive; font-size: 1.2em; margin-bottom: 5px;">Debra Z. Anderson</div><div style="border-top: 1px solid black; width: 100%; margin-bottom: 5px;"></div><div style="margin-bottom: 5px;">Signature</div><div style="border-top: 1px solid black; width: 100%; margin-bottom: 5px;"></div><div style="margin-bottom: 5px;">Debra Z. Anderson</div><div style="border-top: 1px solid black; width: 100%; margin-bottom: 5px;"></div><div style="margin-bottom: 5px;">Typed or printed name</div></div></div> <div style="margin-top: 20px;"><p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p><div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><input checked="" type="checkbox"/> Total of <u>2</u> forms are submitted.</div></div>		

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